

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013878

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 4526 Registrar's No. 46

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 21 1962

1. PLACE OF DEATH

a. COUNTY

Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SheldonLength of stay in 1b
16 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sheldon, Mo.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Vernon

c. CITY OR TOWN Sheldon

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Frank Emmett Doolin4. DATE OF DEATH
Month Day Year
March 7 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
7/27/18899. AGE (last birthday)
72IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

7 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Plumber

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Harpor Kansas12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

John Doolin

13b. MOTHER'S MAIDEN NAME

Ruhama Mc Elhaney

14. NAME OF HUSBAND OR WIFE

Boatrice Doolin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT

Boatrice Doolin Sheldon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinoma of Prostate Gland Metastases

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from January 1959 to 3-7-62 and last saw him alive on 3/7/62
Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thomas Barrell M.D.

22b. ADDRESS

1204 Duff Street

Lamar, Missouri

22c. DATE, SIGNED

3/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/11/62

23c. NAME OF CEMETERY OR CREMATORY

Sheldon Cemetery

23d. LOCATION (City, town, or county)

Vernon Co.

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Boony Funeral Home Sheldon, Mo.

25. DATE RECD. BY LOCAL REG.

3-12-1962

26. REGISTRAR'S SIGNATURE

Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK:
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

MAR 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Bernard Burns

Licensed Embalmer No. 4161

P. O. Address Shelton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.